

# **UNDER RECOGNIZED CADRES OF HUMAN RESOURCES FOR HEALTH (HRH) IN AFRICA: PROFESSIONALIZING THE SOCIAL SERVICE WORKFORCE**

by

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## Acronym List

AHWO	African Health Workforce Observatory
ASASWEI	Association of South African Schools of Social Work Education Institutions
ASSWA	Association of Schools of Social Work in Africa
ASWEA	Association of Social Work Education in Africa
CBO	Community-based Organization
CCM	Country-coordinating Mechanism
CCPW	Community Child Protection Worker
CPS	Child Protection System
CSO	Civil Society Organization
DSW	Department of Social Welfare, Ghana and Zimbabwe
FBO	Faith-based Organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HRH	Human Resources for Health
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
MGCCD	Ministry of Gender, Children, and Community Development, Malawi
MGE CW	Ministry of Gender Equality and Child Welfare, Namibia
NCCS	National Council for Children's Services, Kenya
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PSW	Para-social Work(er)
REPSSI	Regional Psychosocial Support Initiative
SSW	Social Service Workforce
USAID	United States Agency for International Development
WHO	World Health Organization

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## RECOGNITION OF AUTHORSHIP

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To whom it may concern,

This letter acknowledges my role and contributions to the manuscript "Under Recognized Cadres of Human Resources for Health (HRH) in Africa: Professionalizing the Social Service Workforce" which Alexandra Collins has submitted as her master's paper to the Department of Maternal and Child Health, Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. I collaborated with Ms. Collins as a co-author and wrote the first and final sections of the manuscript (Section I: Overview and Section IV: What can be done to better support the social service workforce in sub-Saharan Africa). The literature review, table, and remainder of the manuscript were conducted and written by Ms. Collins. I give her permission to use this manuscript as her master's paper and wish her the best of luck in her future pursuits.

Best Regards,

## ABSTRACT

When it comes to available human resources for health (HRH), Africa ranks at the bottom. National governments, with assistance from development partners, are addressing this health worker crisis through various health workforce strengthening programs and strategies. Most efforts have focused on “traditional” cadres of health workers (e.g., doctors and nurses), ignoring a range of other professions integral to providing quality health services. Under-recognized cadres include pharmacists, health information specialists, and supply chain managers, among others, and most central to this review, social service workers. In a region burdened disproportionately by poverty and disease, a strong social service workforce (SSW) is needed to connect vulnerable populations to efforts in health, justice, mental health, and education which traditional cadres of health workers cannot do alone. This review of the current availability, education, professional associations, and career paths of social service workers in Sub-Saharan Africa (SSA) demonstrates the region’s headway in each area of the Framework for Strengthening the SSW (Bess, Lopez, & Tomaszewski, 2011). Progress in these areas is essential not only to increase the number of social service workers through recruitment and retention but also to raise the status of these cadres to that of other professionals in the health sector.

## SECTION I: OVERVIEW

When it comes to available human resources for health (HRH), Africa ranks at the bottom. National governments, with assistance from development partners, are addressing this health worker crisis through various health workforce strengthening programs and strategies. Most efforts have focused on “traditional” cadres of health workers (e.g., doctors and nurses), ignoring a range of other professions integral to providing quality health services. Under-recognized cadres include pharmacists, health information specialists, and supply chain managers, among others, and most central to this review, social service workers. In a region burdened disproportionately by poverty and disease, a strong social service workforce (SSW) is needed to connect vulnerable populations to efforts in health, justice, mental health, and education which traditional cadres of health workers cannot do alone.

### The Problem

Why does the SSW matter? While these workers carry out many important functions, they are integral to providing needed services to vulnerable children and families. Perhaps the most striking description of the extent of the challenge faced by this workforce is as follows:

We live in a world where children are vulnerable to abuse, exploitation, and neglect. The statistics are staggering: 413,000,000 children are living in extreme poverty; 302,000,000 children have experienced severe physical punishment at home; 150,000,000 girls have experienced sexual abuse; 115,000,000 children are involved in hazardous work; and 18,300,000 children have lost both parents (World Bank, 2008; UNICEF, 2007; Pinheiro, 2006; International Labour Office, 2010; UNICEF, 2009). The implications of these statistics for our global development, including the achievement of key Millennium Development Goals, are grim. Child abuse, exploitation, and neglect severely compromise the effectiveness of strategies to eradicate poverty, achieve universal education, and reduce child mortality and HIV prevalence. Problems of this magnitude should provoke a powerful response. Yet globally, support for children, for their families, and for the social welfare workforce—those who are charged with protecting and caring for the world’s most vulnerable children and families—is severely constrained (Bess, Lopez, & Tomaszewski, 2011).

Around the world, social service work continues to be a misunderstood and underappreciated field. Although the negative impact of social concerns on health, education, economic, and other development outcomes is widely recognized, the skills and expertise of those who address these concerns rarely receive the recognition they deserve. In sub-Saharan Africa, the SSW is in a changing and formative stage wherein the very definitions and competencies of different roles in the workforce vary from country to country, and even within countries. This diversity reflects the political, socioeconomic, and cultural contexts of African countries, yet it also makes side by side comparisons of the SSW (i.e., identifying and counting who is in the workforce, where they are located, and what services they provide) across the continent next to impossible. The limited existing data indicate that—like the health sector—the social service sector struggles to attract and retain qualified workers. In addition, the workforce is underpaid or not paid and is spread out among a broad array of government agencies, nongovernmental organizations (NGOs), and



community-based organizations (CBOs). To complicate matters further, the human resources systems that support different cadres within the SSW are very weak, coordinating mechanisms often are nascent or nonexistent, and the education and training institutions are underfunded and their programs often not aligned with present-day needs. While there is a great need for a robust workforce to help address the problems identified above, the systems to support this workforce in most countries are simply inadequate.

This review presents an inclusive definition of the SSW and describes the roles performed by different cadres within the workforce in service to vulnerable populations. It outlines the current availability, education, professional associations, and career paths of social service workers in sub-Saharan Africa, highlighting countries with public data on the SSW to illustrate the region's headway in each area of the Framework for Strengthening the SSW (Bess, Lopez, & Tomaszewski, 2011). Progress in these areas is essential not only to increase the number of social service workers through recruitment and retention but also to raise the status of these cadres to that of other professionals in the health sector.

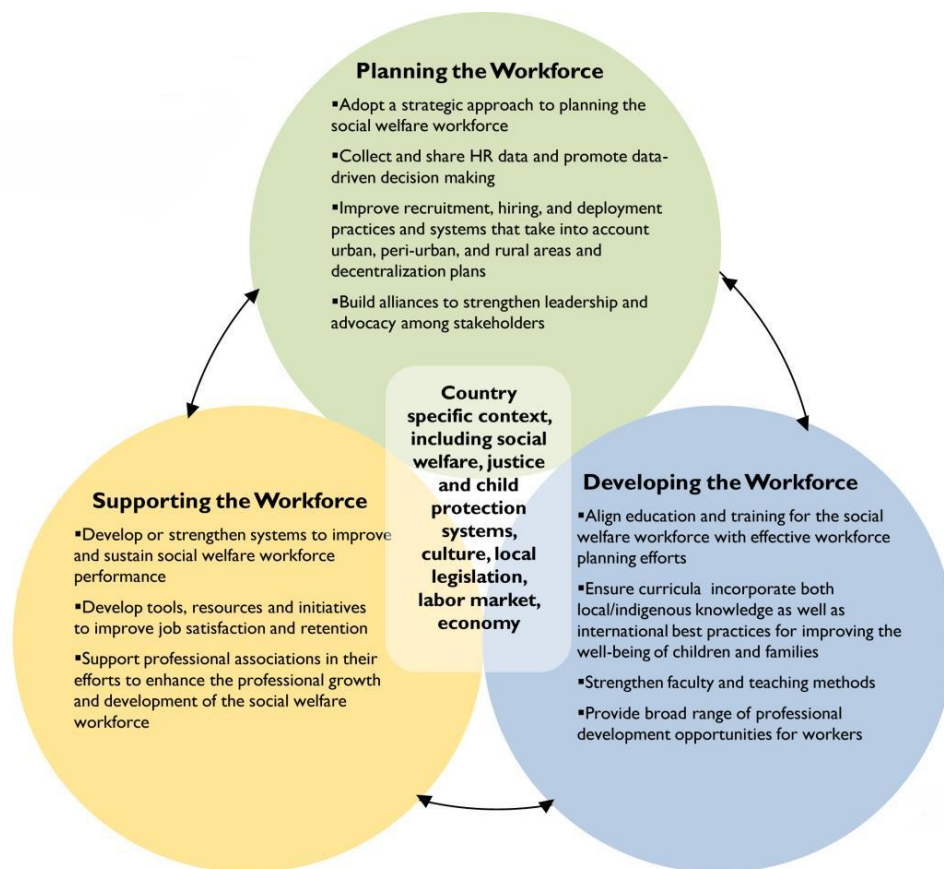


Figure 1. Framework for Strengthening the Social Service Workforce (Bess, Lopez, & Tomaszewski, 2011)

## Definition

Crafting a definition of the SSW is a necessary first step to increasing its recognition among other cadres of HRH. One may begin with the World Health Organization's classification of a social worker, the most well-known cadre within this workforce, as "a health professional who has completed formal training in social work at a recognized, university-level school for a diploma or degree in social work" (WHO, 2011). This definition is a limited starting point and does not capture the diverse roles, functions, and education levels of the workforce. It is also controversial, as professionals in the social service sector may not consider themselves solely health professionals or simply serving the physical needs of their clients.

A definition of the SSW should be expanded to include the wide variety of different workers—paid and unpaid, governmental and non-governmental—that make up the workforce and who work on behalf of vulnerable children and families. It should incorporate a range of providers and actors, including unpaid volunteers working in the informal system and paid employees working in governmental and non-governmental organizations like hospitals, schools, prisons, community centers, and other community programs. Finally, a definition of the SSW should recognize that there are important social service contributions made at the community level by volunteers, families, and kinship networks that do not fit easily into a formal definition of 'workforce' (Davis, McCaffery, & Conticini, 2012; Bess, Lopez, & Tomaszewski, 2011).

This review focuses largely on the formal workforce—that is, workers who are either employed or recognized by the government and which could include workers from NGOs, CBOs and volunteer workers with defined duties. Workers in formal government settings or NGO/CBO networks are called by different titles in different countries, a few examples of which include: social workers, para-social workers (PSWs), community counselors, volunteer children's officers, psycho-social care workers, community development workers, parole officers, community health workers, and so forth. At this point, it is not appropriate to put forward a few terms that would represent equivalent service across countries, so the more general term of social service worker will be used. It includes workers at the national, regional, district, and local levels as well as managers and trainers.

## Functions of the Social Service Workforce

A functioning SSW can provide a wide array of services that contribute to a vital safety net for children and families made vulnerable by HIV/AIDS and other challenging circumstances. When the workforce operates effectively, families and children have access to a scope of quality services that promote wellness and protect them from harm. The following categories represent a comprehensive set of functions that different cadres within the SSW can carry out in service to vulnerable populations (US President's Emergency Plan for AIDS Relief (PEPFAR), 2012).

- **Education:** reducing educational disparities and barriers to education among school-age children
- **Psychosocial care and support:** planning and administering psychosocial interventions that build on existing resources and maintaining children in stable and supportive environments

- **Household economic strengthening:** reducing economic vulnerability of families and empowering them to provide for the essential needs of the children in their care
- **Social protection:** supporting social protection programs in order to reduce vulnerability and risks, foster human capital development, and interrupt the transmission of poverty from one generation to the next
- **Health and nutrition:** improving children and families' access to health and nutritional services
- **Child protection:** developing appropriate strategies for preventing and responding to child abuse, exploitation, violence, and family separation
- **Legal protection:** ensuring basic legal rights, birth registration, and inheritance rights to improve access to essential services and opportunities.

As is clear from this list, these functions call for diversified types of workers to constitute the workforce—hence the rather broad and varied definition in the previous section. Different cadres are needed with different types of education, training levels, and competencies. The distribution of the workforce must be country- and context-specific, given the needs of the served populations. It also reinforces the need for stronger coordination mechanisms, as many of these functions span different sectors within a country.

## Section I Summary

This section has described the need for a strong SSW, defined the workforce broadly, and described the functions that it provides. The next section will examine the current status of the workforce, including stock and distribution. It will also include performance data (to the extent it exists) and provide examples of workforce-strengthening initiatives underway to strengthen certain cadres in select countries.

## SECTION II: CURRENT STATUS OF SOCIAL SERVICE WORKFORCE IN SUB-SAHARAN AFRICA

### Stock and Distribution

It is difficult to assess the current stock and distribution of social workers and other members of the SSW in sub-Saharan Africa for a number of reasons. Availability of data is limited due to a lack of uniform reporting on human resources, a variety of job titles, weak human resources information systems, and a paucity of regulations and licensing requirements for professions that comprise the SSW. Even when the results of country-wide mapping exercises and assessments on this workforce are available, varying methods of data collection present challenges when comparing the number of social workers across multiple countries (see Social Service Workforce Comparison Table, p. 38). In addition, the WHO cautions that quantitative data in aggregate form at the country level can cloud important differences in the distribution of social workers and coverage between urban and rural settings (WHO, 2011).

Although ratios have been developed to determine the number of personnel needed to serve the population for more traditional cadres of the health sector (e.g., doctors, nurses), there are few studies to establish such formulas for the SSW. Collecting data on workers employed

outside of the public sector—such as those working for NGOs and other civil society organizations (CSOs) that are routinely involved in the delivery of social services—poses an even greater challenge for many countries in the region.

Recent mapping exercises and assessments conducted by governments and NGOs in Malawi, Ghana, Namibia, and Kenya provide a detailed picture of staffing numbers within these cadres, disaggregating among different social service positions and their distribution in rural versus urban areas (Maestral, 2012; Cabran, 2012; Child Frontiers Ltd, 2011; Ministry of Gender Equality and Child Welfare (MGE CW), 2007; National Council for Children's Services (NCCS), 2010). This type of information enables governments to make projections for their future staffing needs and to promote policies that can facilitate sufficient production of trained and competent workers, such as providing incentives for students to study social work or establishing streamlined training programs for paraprofessionals.

- In Malawi, the Ministry of Gender, Children, and Community Development (MGCCD) launched a year-long mapping and assessment exercise of the country's child protection system (CPS). Information available from 26 out of 28 districts delineated the number of social service workers at various ranks, as well as the distribution of social welfare officers per district and major regions of the country. At the time of data collection, 128 social workers were employed by the MGCCD; of these workers, there were 73 social welfare officers (senior-level), 27 assistant social welfare officers (mid-level), and 28 social welfare assistants (entry-level). Of the 73 social welfare officers, 44 also worked as probation officers. To fill the human resources gap within the SSW, Malawi introduced a lower-level social service position, the community child protection worker (CCPW) and 300 CCPWs were reported to be on the government payroll while an additional 500 CCPWs were supported by stipend from the Global Fund (Cabran, 2012). Data from the mapping and assessment revealed that the majority of social welfare officers are deployed in central and southern regions of the country (37 and 42%, respectively) while only 23% of social welfare officers serve northern districts (Cabran, 2012).
- In Ghana, an institutional analysis of the Department of Social Welfare (DSW) reported a total of 750 social service workers, of whom 550 were professional social workers, 139 technical staff, and 71 child care workers (Child Frontiers Ltd, 2011; Laird, 2008a; Thompstone, 2012). Staff were distributed throughout 110 district offices but primarily concentrated in major cities: the northern region of the country had the fewest social service workers, with often one professional staff member available to conduct all departmental duties for his/her assigned area (Child Frontiers Ltd, 2011). As a result of structural adjustments in the 1980s, the DSW has been affected by a hiring freeze on public sector workers, compromising its capacity to increase its numbers of social service workers relative to population growth and changing needs (Child Frontiers Ltd, 2011; Laird, 2008a; Thompstone, 2012).
- In Namibia, a human resources and capacity gap analysis was completed by the Ministry of Gender Equality and Child Welfare (MGE CW), which identified a shortfall of social workers needed to support its orphans and vulnerable children (OVC) population, particularly in more remote regions of the country (Maestral, 2012; MGE CW, 2007). Out

of 305 posts intended for social workers within the Directorate of Child Welfare, only 100 were filled; advertising attempts by the ministry have not resulted in greater recruitment for these vacancies, so outreach has been expanded to social workers from neighboring countries to relocate and fill these positions (USAID, 2010b; MGECSW, 2007).

- In Kenya, the National Council for Children's Services (NCCS) assessed its CPS and gaps in human resources to deliver needed social services (Maestral, 2011; Maestral, 2012; NCCS, 2010). Results showed 400 children's officers at work in the public sector, falling short of the recommended 1,277 of this type of worker needed to care for Kenya's vulnerable child population across its 79 districts. Meeting the need for human resources in this sector has caused the government to rely on recruiting volunteer children's officers; however, such a strategy raises issues of qualifications, availability of trainers and oversight, and the effect of little to no wages on these workers' motivation, quality of work, and retention. Gaps in the workforce are also filled by CSOs, but some districts have more than others, and these organizations are variably registered with different ministries and departments within the Kenyan government. For example, a survey of five NGOs that provide essential services to children as UNICEF implementing partners found that these NGOs engage a total of 30,000 volunteers (Lopez, Mutie & Guyer, 2012). A key recommendation from the NCCS assessment was to expand social services, specifically related to child protection, to rural areas, as most of these services were found to be based in urban centers (NCCS, 2010).

#### **Software to Track the SSW: Adapting iHRIS for Tanzanian Para-Social Workers**

The SSW in sub-Saharan Africa is constantly changing: recent graduates and other entry-level employees are hired, qualified workers migrate to different countries or are promoted to other positions, and still others choose to leave the public sector for retirement or higher pay with another organization. Continuously assessing the stock and distribution of social service workers calls for a dynamic tool that can track these fluctuations and empower local governments to make evidence-based decisions as they plan and budget for human resources. Mapping, gap analyses, and other types of one-off assessments provide useful information. However, these reflections of the workforce are often limited in scope and real-time capability to follow the developing workforce over time, to discover important trends, and to highlight issues that cannot wait for future studies, such as identifying individuals practicing without a license or district offices functioning with no professional social worker on site. Originally designed to track and manage more traditional health care cadres, the iHRIS Suite has recently been adapted to follow 3,000 PSWs in Tanzania, which enables the government to monitor the availability and distribution of these trained community volunteers as they practice, pursue further education, and become integrated into the formal health and social service sector as paid employees. As governments seek to professionalize the SSW, pairing tools like the iHRIS with trained human resources managers can direct these efforts in the most efficient and impactful way (Settle, 2012).

## **Performance**

Workers' performance can depend on their workload, level of competence, responsiveness, and productivity. However, no standard practice for measuring these factors has been accepted in the field of social services, making it challenging to assess performance and to compare across

countries. This discussion of social service worker performance focuses on measures of workload, as they are commonly cited and can be related to workforce performance.

Measurements such as case load and ratio of social service worker to certain populations are often used to gauge the extent of the human resources crisis in this region, under the assumption that presenting data on social service worker case load in particular fosters a better understanding of the relative burden that these workers face in each country (see Social Service Workforce Comparison Table, p. 38). For instance, a 2007 study found that one social worker in Botswana is expected to coordinate care for 629 orphans—more than ten times their proposed best practice ratio of 1:60; many of these same workers reported that their assigned geographic area was too large to provide adequate psychosocial services, as workers were expected to cover more than five villages (Botswana Federation of Trade Unions (BFTU), 2007; Davis, 2009). However, using case load as a standard measure has also received criticism in that it implies a social welfare system reliant on case management and does not reflect the number and availability of workers engaged in social development or more community-based approaches favored in the region (Roelen, Long, & Edström, 2012).

Ratios of social workers, or other ranks of social service workers, to total population also provide some information on the adequacy and availability of human resources in a country or district. These same ratios in relation to specific vulnerable populations such as “number of social workers to orphans” or “number of social workers to most vulnerable children” depict the situation in which these workers are expected to perform in greater detail, but varying workforce definitions and focus populations compromise cross-country comparability. Despite their weaknesses, these figures still serve as a starting point for countries seeking to achieve progress toward recommended ratios calculated by WHO or national ministries to adequately serve at-risk or vulnerable populations. For example, according to the WHO’s assessments of Liberia, the country should aim for a recommended ratio of 1 social worker to 26,016 individuals in order to meet its needs; census data from Lesotho projected a need for 243 social welfare staff members, yet only 44 were employed in 2004 (Davis, 2009; Government of Liberia, 2007; Kingdom of Lesotho, Ministry of Health and Social Welfare, 2004).

In addition, such ratios and projections highlight the importance of vacancy and turnover rates in assessing the availability and productivity of the SSW overall. In South Africa, Malawi, and Namibia, SSW studies show that almost 50% of established professional and paraprofessional positions are vacant (Bess, Lopez, & Tomaszewski, 2011; Davis, 2009). Nearly half of social service professionals leave their jobs within five years while the turnover rate among paraprofessionals is even higher (Davis, 2009; Mendenhall, 2012). Many have posited that substandard working conditions for social service workers in the public sector contribute greatly to these high rates; reports from social service workers in the field describe insufficient resources to perform their job functions, lack of transportation and funds to make home visits, and little compensation for their work, which will be discussed in a later section (Davis, 2009; Laird, 2008a). While ratios and case load data may not present a perfect picture, with additional information on vacancy and turnover rates, they can illustrate the pressing need for increased numbers of social service workers as well as illustrate strategies to improve retention of these workers in order to address performance in the sector overall.

## Section II Summary

This section reviewed the challenges of collecting and comparing data on the SSW across countries in sub-Saharan Africa. Although governments in the region increasingly recognize the important role played by these workers in linking vulnerable populations to the health system and other support services, the number of available and qualified workers remains inadequate to fulfill required duties. Social service workers are concentrated in urban areas, often for lack of infrastructure in posts beyond the district level, a reality that compromises these workers' ability to reach children and families in rural areas. Results of assessments indicate that the ratio of social service worker to population in these countries falls short of WHO and country-level recommendations, compromising the performance of these workers. Without accurate data on the stock, distribution, and performance of the SSW, government plans to address the HRH crisis in sub-Saharan Africa will continue to neglect the development and professionalization of these cadres.

## SECTION III: COUNTRY ENVIRONMENTS FOR SOCIAL SERVICE WORKFORCE CADRES

To determine the extent to which the current environment in sub-Saharan Africa is conducive to the professionalization of the SSW, one must examine the range of enacted public sector strategies, plans, and policies as well as the existence of formal support structures that facilitate these cadres' education, reputation, and cohesion. Such factors can profoundly influence the profession's development; understanding current progress in each of these areas throughout the region can inform promising practices and needed improvement.

### Public Sector Strategies, Plans, Policies, and Budgets

In some countries, the SSW is overseen by one primary ministry, such as the Ministry of Social Welfare in Ghana or the MGECSW in Namibia. The exact titles of these ministries differ, yet they share a similar responsibility: to manage the public sector system of coordinating and providing social services to vulnerable populations. However, the diversity of positions within the SSW is vast, from probation officers liaising with the justice system and coordinating care for youth in conflict with the law, to community child care workers working with extended family networks to secure grants that subsidize the care of OVC; thus, it is more common for the SSW to fall under the responsibility of multiple ministries. Varying terminology for these positions and a range of ministries overseeing them adds to the complexity of defining the workforce's composition and functions.

At a regional level, the African Union's plan of action, Africa Fit for Children, demonstrates a continent-wide prioritization of child and family well-being; a call for accelerated action on this plan was announced in 2007 (African Union, 2007; Davis, 2009). Overall, a number of countries throughout the region have begun wide promotion of social protection strategies, such as cash transfers by ministries and departments of social welfare, demonstrating a desire to bolster the social safety net for vulnerable children and their caregivers. However, such efforts are often hampered by the shortage of workers trained to support these children through community-based social work interventions (Davis, 2009). When insufficient numbers of such workers are deployed, or their training is inadequate to fulfill the requirements of their post, the social



welfare system cannot serve its constituents. Such failures can incite distrust of social service workers among the population and undermine the state's ability to meet its social and political obligations (Laird, 2008a).

The percentage of the national budget dedicated to social services is another poignant indicator of support for the profession: no country in West Africa dedicates more than 1% of its budget to this workforce (Thompson, 2012). Without adequate public funds, social service worker training and regulations are often neglected, and the current workforce is overburdened with cases, leading to professional burn-out and high turnover rates. However, a few countries in sub-Saharan Africa—Zimbabwe, South Africa, and Namibia—have passed and implemented regulatory legislation on social work in an effort to support and professionalize these valuable cadres of workers.

- In Zimbabwe, the social work profession has a long history, stretching from the establishment of the DSW in 1948 under colonial rule to the country's first school of social work in 1964 to the formation of its official regulatory body, the Council of Social Workers, enacted in 2001 and appointed in 2002. Although political and economic turmoil following the 2008 presidential election compromised the country's earlier social service infrastructure, it is still one of the few countries in sub-Saharan Africa to maintain an official body charged with registering and accrediting social workers. However, it is uncertain whether the Council of Social Workers has adequate resources to fully enforce these requirements and monitor a workforce, especially when the majority of social services are provided by paraprofessionals (Chogugudza, 2009). Even though the country is in the process of rebuilding, the same critical issues affecting its SSW remain: out-migration, limited funding, reduced numbers of qualified social workers in post, poor working conditions, and perceived high workloads (*CapacityPlus*, 2011b). The council itself is supported in part by UNICEF and must look for outside support to fulfill requirements of national legislation (Davis, 2009).
- In terms of supportive policies and strategies for social service workers, South Africa is a leader on the continent. By adopting a social development paradigm for service delivery, the Ministry of Social Development has responded to calls to reshape social work into culturally appropriate cadres of workers (Hochfeld, Selipsky, Mupedziswa, & Chitereka, 2009; Mwansa, 2011; Mwansa, 2010; Sewpaul & Lombard, 2004). In its efforts to mobilize services for OVC, the ministry focuses on community-level interventions rather than oft-criticized remedial and individualistic social work practices introduced by colonial systems (Patel & Hochfeld, 2012; Sewpaul & Lombard, 2004; USAID, 2010c). National legislation recognizes two categories of social service workers: social workers and social auxiliary workers, which are both regulated and whose credentials are determined by the nationally certified body, the South African Council for the Social Service Professions. The council reports on the total number of registered workers in these categories and legally mandates in-service training for all social service workers to maintain their registered status (Earle, 2008; USAID, 2010c). Other policies that support professionalization of social service cadres include requirements for social work curricula, professional development, adherence to a code of ethics, and additional and specialized training.



South Africa was the first country to adopt these kinds of national standards on the continent (Sewpaul & Lombard, 2004; Mendenhall, 2012). In addition, the government has established regulations for the registration of child and youth care workers and launched a Child Care Worker Degree Program (Department of Social Development, 2009). It has also supported the Regional Psycho-social Support Initiative to create a diploma program for community-based work with children and youth as an offshoot to its existing certificate-level Situated Support Distance Learning Program (Sewpaul & Lombard, 2004; Mendenhall, 2012).

- In Namibia, the MGEWC has recognized the large number of vacancies in social worker posts and acted by establishing a staff structure that ensures a social worker is placed in almost all councils and constituencies of the country (MGEWC, 2007). Results of the ministry's most recent gap analysis indicated a need for an intermediary-level worker to relieve some of the administrative burden felt by professional social workers. In response, the ministry has committed to hiring sufficient community child care workers to take on certain duties—such as applying for various child grants available to OVC and their caregivers—that require some specialized training in child development and assessment but not social work certification or licensure (USAID, 2010b). Seeking to make strides towards its National Plan of Action for OVC, the ministry has attempted to decentralize administration of social services; however, these changes have not been accompanied by a transfer of staff or resources to support the additional workload at the regional level (MGEWC, 2007; USAID, 2010b).

Apart from taking legislative action on regulating the SSW and setting requirements for accreditation, other examples of supportive public sector policies, plans, and strategies abound on the continent. Many countries have linked professionalization of the SSW to their National Plan of Action for Children or OVC, as well as sought to apply global policies to other plans to elevate and engage these workers. In the cases of Kenya and Tanzania, both countries have aimed to define and elevate the role of social workers through legislation concerning children's rights.

- In Kenya, the government has signed and ratified the United Nations Convention on the Rights of the Child, as well as the African Charter on the Rights and Welfare of the Child, using these agreements in devising the country's own Children's Act (NCCS, 2010). The Children's Act deals with the structures and roles of the MGCS, as well as the Department of Children's Services and the NCCS, which are the primary public bodies overseeing the SSW. These institutions play a pivotal part in professionalizing the cadre, as they establish the roles and responsibilities of social service workers, as well as maintaining an ideal position for placing further importance on the profession through the creation and implementation of specific strategies to elevate and protect this cadre of workers (NCCS, 2010). For example, the Department of Children's Services has recognized and responded to the need for operational guidelines and procedures for children placed in charitable children institutions. After the passage of the Children's Act, many of these often unregulated institutions sprang up across the country, sometimes providing substandard care. To address these issues, the Department of Children's Services assessed charitable children institutions' standards and devised a training

manual including best practices for social service workers engaged in these institutions (NCCS, 2010). However, for this department and other related public entities, elevating the status of social service workers will require increased emphasis on policies that distribute resources to the community level—in Kenya’s case, the area advisory councils—that are active in planning, financing, and coordinating social services among the health care, education, and justice systems (NCCS, 2010).

- In Tanzania, the 2009 Law of the Child defines the role of a social worker in protecting children from abuse, neglect, violence, and other forms of exploitation. The law links the work of social service workers to the justice system and introduces an implementation plan, to be included in the next iteration of the National Costed Plan of Action for Most Vulnerable Children 2011-2015 which outlines legal implications of this law for social service workers (USAID, 2010d). As of 2010, local authorities were charged with the recruitment and placement of social welfare officers, with intermediary positions of social welfare assistants and PSWs to fill the human resources gap. In terms of budget, 3.3 million Tanzanian Shillings (TZS) were allotted to implement the National Costed Plan of Action in 2008-2009; a formal strategy to strengthen the SSW beyond child protection would be a model next step for professionalizing the cadre (USAID, 2010d).

### **Pre-Service Education, Professional Certification, and Licensure**

To promote strong and professionalized cadres of social service workers, the education sector in sub-Saharan African countries must produce adequate numbers of qualified candidates to fill the human resources gap, as well as advocate for resources and support faculty in keeping curricula current and relevant. All three of these requirements pose significant challenges for many countries in the region. Little recognition of these cadres negatively affects allocation of public funding to invigorate training programs or to provide incentives for students to pursue a career in the social service sector. The current status of social service workers practicing in the region—such as in Liberia, where only half of the workers are professionally trained, and in Ghana, where the majority of the DSW’s workers in the field are former family planning assistants—can be best remedied through education (Davis, 2009; Laird, 2008a). This section reviews the range of pre-service education available on the continent and describes the certification and licensure process for social service workers in a few spotlight countries.

Pre-service education for workers in more traditional health care cadres reflects the basic training required by the profession to become licensed and is usually provided in post-secondary education settings, such as colleges and universities. In sub-Saharan Africa, the most well-defined route of post-secondary education in the social services is through higher social work education, although intermediary positions such as PSW and community child care worker that require less investment in time and education have been introduced to fill the human resources gap. Out of 54 countries in Africa, there are an estimated 300 schools or departments of social work (Mwansa, 2011), from post-secondary certificate programs to diploma and degree programs. The majority of these credentials are at the bachelor’s level, although half offer master’s degrees in social work. Most schools are part of public universities, with a third of their social work faculty holding master’s degrees and only a few faculty members with doctorates in the field (Davis, 2009; Hochfeld, Selipsky, Mupedziswa, & Chitereka, 2009). Building the capacity

of these institutions, both of faculty and curricula, is of utmost importance to increasing opportunities for study and for the production of graduates, as well as to elevating the status of social service professionals. Partnerships like PROSOWO promote professional social work education and practice, with the goal that increasing the number of well-trained social work professionals will make significant impact on poverty and HIV/AIDS, as well as furthering social development on the continent (Austrian Development Agency, n.d.).

### **Yearly production of social service graduates**

Specific data on schools, such as number of students, graduates per year/level, and field education opportunities are sparse; however, some countries such as South Africa, Malawi, and Namibia have produced recent figures for these annual outputs (Earle, 2008; Maestral, 2012; MGECEW, 2007).

- South Africa boasts the largest number of schools of social work on the continent, with more than 20 of these institutions listed as members of the national association of social work education, the Association of South African Schools of Social Work Education Institutions (ASASWEI, 2012). From these schools, in 2005, 577 students graduated with a four-year undergraduate or honors degree in social work, the minimum educational requirement for registering with the South African Council for the Social Service Professions (Earle, 2008). If the number of graduates does not grow over the next ten years, the sector should only expect to increase by 5,770 social workers; a more optimistic trend, based on the lowest and highest number of graduates from the past ten years, or 10.98%, predicts an additional 10,685 qualified social workers to join the SSW (Earle, 2008). South Africa is unique in terms of such data and the ability to make projections for their SSW; however, the country still struggles to produce sufficient numbers of trained social service workers to implement national policies and strategies. For example, an additional 4,000 social workers are needed to implement the Children's Act (Health and Welfare Sector Education and Training Authority (HWSETA), 2011).
- In Malawi, a large section of the SSW consists of volunteers, due to a scarcity of secondary school graduates, and lacks adequate training to perform required duties (USAID, 2010a). This reality raises the important issue of developing appropriate and accessible pre-service training opportunities for such workers so that they can achieve essential skills as well as progress in their careers. Magomero Training College, a government institution affiliated with the Ministry of Gender, Children, and Social Welfare, offers a one-year certificate program in social work and is working to introduce a diploma program in social work, pending accreditation by the University of Malawi's Chancellor College (USAID, 2010a; Singleton, 2012). This upgrade will allow more students to qualify for social service work in district posts, where vacancies are high, as well as qualify for promotions to central-level positions, where most staff members hold a degree or a diploma (USAID, 2010a). Magomero's diploma program will also serve as a step toward pursuit of a degree in social work, which is the minimum required education to qualify as a professional social worker in the country (Cabran, 2012; USAID, 2010a).
- In Namibia, the only post-secondary institution that offers a social work degree program is the University of Namibia. In 2007, it had 138 students enrolled, not all of whom were

Namibian; in the previous year, the school had graduated only six students from the program (MGE CW, 2007; USAID, 2010b). This low output of social work graduates is clearly inadequate for filling needed posts within the ministry, especially as some graduates choose employment with NGOs for higher pay or leave for other countries after finishing their degree. Enticing these graduates to assume posts in rural areas is a separate challenge, when little funding is available to provide housing or a hardship allowance (MGE CW, 2007).

### **Social work education and curricula**

Since the 1970s, there has been ongoing discussion and criticism of the perceived wholesale adoption of Western thought in social work education and training on the continent (Mwansa, 2011). Calls for more culturally relevant materials and methods have resulted in a movement toward indigenization of social work curricula, grounding work in core social development and social work principles and theories but emphasizing community-level interventions over individualist approaches (e.g., case management and foster care) imported from the West (Laird, 2008b; Twikirize, 2012). The Western micro-level practice model, which is often costlier to implement, has been increasingly viewed as ill-suited to the African context or the populations' needs (Mwansa, 2010; Mwansa, 2011; Laird, 2008b; Chogugudza, 2009).

To truly improve the appropriateness of social work education and practice in sub-Saharan Africa, indigenization must occur in three main areas: education and training; research and materials; and practice and interventions (Twikirize, 2012). However, there are many obstacles to this process. First, most social work research done in Africa is usually funded by external sources, and these donors are more inclined to pursue their own research interests than to investigate how social work practice and curricula can be best adapted to the realities faced by social service workers in the region. Most schools must also rely on books and materials from the United States and the United Kingdom; faculty members already stretched for time and resources can rarely invest in developing custom materials for their classes (Mwansa, 2011). Second, in terms of social work practice, limited means in the field can also make following through with formal processes very taxing (e.g., performing required home visits when there is little transportation or using the justice system versus family mediation for delinquent behavior) (Thompstone, 2012; Laird, 2008a; Laird, 2008b). Social work education must reconcile these realities with the importance that social service workers continue to place on traditional approaches, such as customary law and community resolution mechanisms. Understanding the motivations and values behind such practices—that they are seen as less intrusive on the family structure, less stigmatizing, and often cheaper or “fairer”—is vitally important to the process of indigenizing social work curricula in the region (Thompstone, 2012).

Despite these challenges, a survey of schools of social work in East and Southern Africa by Hochfeld et al. (2009) found that many institutions (68%) have incorporated social development into their curriculum, either as a foundation to their classes and materials or as a specialized course. Many schools (63%) were trying to produce their own educational materials, despite scarce resources: out of 25 schools, 23 had conducted a curriculum review in the last five years, displaying responsiveness to changing circumstances and training needs of students for work in the field. Although calls for standardization of classes and content remain, coursework reported by the schools as required for bachelor's level graduates in social work showed significant overlap, with thoughtful emphasis on classes that cover pressing issues and high-need populations (e.g., children and family services, HIV/AIDS, and women's issues) (Hochfeld, Selipsky, Mupedziswa, & Chitereka, 2009). Such commitment by teaching staff to culturally relevant course revision is an enormous step for social work pre-service education in sub-Saharan Africa; similar practices with regard to field education, in-service training, and continuing professional development will be necessary for more significant achievements in this area (Chogugudza, 2009; Davis, 2009; L. K. Mwansa, 2011).

#### **The Importance of Field Education: Learning Essential Social Work Skills First-Hand**

Field work as part of social work education is essential for bridging material learned in the classroom with the realities of work with families and communities that students will encounter in their future careers. In their field placements, which can range from work with government agencies to local civil service organizations, students observe social work professionals in their day-to-day jobs. With supervision by their assigned field instructor, students have the opportunity to apply social work theories and principles to real-life situations, experience the issues inherent in working with different underserved populations, and understand the importance of building relationships and empathy with individuals and communities—all required competencies for successful social work practice. The majority of East and Southern African schools surveyed by Hochfeld et al. reported requiring field practice for bachelor's level students, but still many programs face challenges in providing quality field education. These challenges include inadequately trained field instructors to supervise students, too few suitable placements, poor supervision in the field, and difficulty scheduling field education hours with course requirements (Hochfeld, Selipsky, Mupedziswa, & Chitereka, 2009). Few countries have statutes that mandate field education as a requirement for graduation, although it can introduce students to work in rural areas and other posts that the government needs to fill. Both Namibia and Zimbabwe have recognized the importance of field education, insisting that students fulfill their field education requirements in rural areas so that they can develop skills to meet the needs of those communities and ideally continue in those posts after graduation (MGECW, 2007; Chogugudza, 2009).

#### **Specialized training programs for intermediary positions and volunteers**

Pre-service education for social service workers in sub-Saharan Africa encompasses more than traditional degree programs available in colleges or universities. To fill the human resources gap, a variety of training programs have been devised to professionalize those workers without a social work degree. Faced with a large number of volunteers playing important roles within the workforce, some countries have developed intermediary positions to fill gaps and perform tasks. These positions do not require as much time or a social work degree but still demand specialized training—e.g., social welfare assistant and PSW training in Tanzania, certificate-level

programs for community workers in Mozambique, and additional training of community child care workers in Namibia. The presence of such workers can relieve administrative burden on the relatively few bachelor's and master's level professionals in the field. Shorter required training can produce greater numbers of these workers in less time than earning a traditional social work degree.

#### **PSW Training in Tanzania: Bolstering Lower-Level Positions on the Career Path to Social Worker**

Faced with limited human resources in social work and a growing population of OVC due to the HIV/AIDS epidemic and other issues like poverty, conflict and so on, many countries in sub-Saharan Africa recognize that investing all their time and resources in training the next class of bachelor's or master's level social workers is not the most appropriate answer. While these higher-level workers are important in planning for human resources in the long term, scaling up training for lower-level positions such as para-social workers and social work assistants is essential for meeting immediate needs for social service delivery. In Tanzania, the Institute of Social Work prioritized workforce development among the lowest level of social service worker, para-social workers, by training community volunteers in the delivery of foundation social welfare services. The program model—which includes an introduction to para-social work, supervision, a six-month field practicum, and follow-up training—equips these workers to perform basic tasks such as identifying vulnerable children and families, performing assessments, and making referrals to appropriate services (Linsk & Kaijage, 2012; USAID, 2010d). To date, more than 4,000 para-social workers have been trained and deployed to management, ward, and village posts (Guyer, Singleton & Linsk, 2012). As these workers acquire additional training and experience, an intermediate position of social welfare assistant has been created as an avenue for career progression and retention—with the end goal to bolster the SSW overall (Linsk & Kaijage, 2012; USAID, 2010d).

### **Professional Associations and Councils**

Professional associations play an important role in formally supporting cadres of social service workers, which have long been under-recognized by both governments and the public in sub-Saharan Africa. These official groups represent the SSW at the international, regional, and national levels, through the following actions:

1. Supporting individual social service workers, particularly social workers,
2. Promoting the profession, and
3. Advancing sound social policies (Bess, 2012).

Such associations support individuals by producing and enforcing a code of ethics, professional standards of practice, credentials and certifications, licensing and registration, and professional development and continuing education. A sample of interviews with professional associations in five countries in East Africa illustrated the range of actions being performed to professionalize the cadre at the individual level: Zimbabwe has passed legislation to establish a council that registers social workers while others such as Botswana, Tanzania, and Uganda are planning to do so in the near future (Bess, 2012). Associations promote the profession by increasing visibility and helping the public understand and appreciate the work of social service workers, as well as by cultivating the identity of the profession and facilitating cohesion of the workforce. Examples



of these actions include sponsoring conferences or hosting World Social Work Day, as has been done by the Namibian Association of Social Workers (Ananias & Lightfoot, 2012). Social policies are advanced by associations through these groups' support of research and advocacy efforts for policies that uphold social work values of social justice and community development (Bess, 2012; Ananias & Lightfoot, 2012).

Yet the influential role of associations in professionalizing the SSW faces many challenges on the continent. For an association to function, its budget often relies on support from the government and membership dues, yet the administrative costs of tracking and payment of dues can be prohibitive. Additionally, criteria and benefits for individuals, groups, or schools to join an association can be unclear or insufficient. To recruit members and remain financially viable, a professional association must also possess strong leadership based upon robust election procedures, bylaws, and transparent administrative and management practices. Finally, an association's value can be measured by the services it provides to its members. In the case of social service workers, these services include: opportunities for professional development and networking, reinforcement of professional identity, guidance in applying standards of practice, joint advocacy opportunities on social justice issues, and access to licensing and credentialing systems (Bess, 2012; Davis, 2009). In the following section, a brief history of professional association development in sub-Saharan Africa is presented, in order to understand such challenges, as well as the role that associations have already played in professionalizing social service cadres.

### **History of professional association formation in sub-Saharan Africa**

At the international level, associations exist for both schools of social work and social workers as a profession. The International Association of Schools of Social Work (IASSW) accepts memberships from schools of social work around the world and acts on their behalf with other international bodies such as the United Nations in promoting social work education and its importance to global development. However, compared to the large numbers of schools from high-income countries, the IASSW listed paid member universities from only five sub-Saharan African countries in 2011: Ethiopia, South Africa, Botswana, Kenya, Namibia, and Zambia (IASSW, 2011). This total represents a decline in the number of African member schools since 2008, when Ghana, Madagascar, and Malawi also had paid member schools (Davis, 2009; IASSW, 2011). On behalf of the social work profession, the International Federation of Social Workers (IFSW) supports workers as well as best practices and international cooperation (IFSW, 2012). IFSW invites national associations of social workers to join; to be eligible, a member must be a single national association that is representative of all different social work membership organizations in its country (Davis, 2009). In 2012, there were 19 African member associations, marking an increase of seven member associations since 2009 (IFSW, 2012). It is important to note that there is marked variation among these member associations, with some being more active than others and providing a range of different services for social workers in country. Some active national associations, such as the one in Botswana, are not included among the list of members, despite their work toward professionalizing social service workers in their respective countries. Both IASSW and IFSW elect and support presidents in different regions of the world.

The first regional association related to social work education in Africa, the Association of Social Work Education in Africa (ASWEA), was formed in 1971. It was later revived and renamed the East and Southern Africa Association of Schools of Social Work but experienced little longevity due to a weak membership base. After a series of rough starts, a number of South African schools of social work rallied to provide funding to relaunch the professional social work education association, the Association of Schools of Social Work in Africa (ASSWA), with a more robust and continent-wide support structure that keeps the association active today (Mwansa, 2011; Mwansa, 2010). Out of 54 countries in Africa, there are an estimated 300 schools or departments of social work, yet only 25 schools are currently members of ASSWA, a fact that illustrates the challenge of recruiting and retaining members in a professional association (Mwansa, 2011). The role of ASSWA in professionalizing the social service cadre could be enormous, with many scholars charging the association to lead curricula reform on the continent, to advocate for adequate budget allocations to train appropriate numbers and levels of social service workers, and to demand systems for certification and licensing, which are commonplace among more traditional cadres of health care workers (Mwansa, 2011; Sewpaul & Lombard, 2004).

At the national level, there is a range of opinions on the utility of each country's professional association of social workers. Members of the Ghana Association of Social Workers cited dissatisfaction with the organization as an advocate for their profession with the government and within society. As of 2009, many Ghanaian social workers felt that the lack of a licensing and ethics board contributed to poor perceptions of their profession's legitimacy (Davis, 2009). In addition, Laird's (2008a) interviews with social workers in Ghana revealed the scarcity of opportunities for continuing professional development, which was not provided by their professional association but rather intermittently by various NGOs. Although Ghana is just one example, it could be said that overall the formation and management of these countries' professional associations of social work are not keeping pace with the growing numbers of training institutions and colleges of social work in the region, thus there is little emphasis on standards of practice, other regulation, and advocacy needed to professionalize the SSW (Mwansa, 2010).

## Career Progression

### Existence of a career path for social service workers

The potential for advancement in one's career is a major enticement for workers considering employment in the public sector, and no less so for social service workers. Ideally, a well-defined career path would also include appropriate remuneration at each level, along with other benefits (e.g., in-service training and continued professional development opportunities). Efforts at recruitment and retention of workers are greatly improved when all of these elements are present; however, in the case of sub-Saharan Africa, there are few countries equipped with such a graded system of employment for social service workers, or resources devoted to supporting its development. Without a structure for career progression in the SSW, the return on investment in capacity building and professionalization of these cadres will remain low and unconvincing.



For countries like Tanzania, establishing a career ladder for social service workers is seen as an important step in addressing the human resources gap. Due to a lack of social welfare officers at the district and community levels, the government relies primarily on paraprofessional social workers, a diffuse cadre, which includes community volunteers, community justice facilitators, and PSWs to provide social services to OVC in underserved areas (USAID, 2010d). To professionalize this cadre of voluntary workers, the Tanzanian government developed a formal training program for PSWs with support from the American International Health Alliance HIV/AIDS Twinning Center and in partnership with the Capacity Project, the Tanzania Institute of Social Work, the Jane Addams College of Social Work, and the Midwest AIDS Training and Education Center, resulting in 4,026 trained PSWs, 642 PSW supervisors, and 103 master trainers poised to enter the SSW (Linsk & Kaijage, 2012; USAID, 2010d) (see “PSW Training in Tanzania” text box). To assess how these PSWs could be integrated into the paid workforce, a review of the National Social Welfare scheme of service was conducted and revealed that no existing intermediary position existed to which PSWs could be promoted. Based on their level of education, PSWs were unable to reach the next “rung” in the career ladder, social welfare officer, that required a diploma or degree. In order to retain these workers for long-term impact in the social service sector, as opposed to investing in their training solely to address immediate needs, the cadre of social welfare assistants was created, which required further specialized training for PSWs to become responsible for supervising other PSWs (Linsk & Kaijage, 2012; USAID, 2010d).

Providing a path for social service workers—be they certified through short-term training or licensed at the master’s level—to advance in their careers can influence these workers’ decision to remain in the public sector. Rather than leaving for employment with a NGO or in a different field, social service workers with the opportunity to make progress in their field will also pursue additional education and development opportunities, when available. Much work remains on the continent to apply the lessons learned from countries like Tanzania and ensure a clear and well-understood career path for social service workers.

### **In-service training and continuing professional development**

Many higher-level positions within the SSW require additional education and training beyond the skill set and core values held by most entry-level workers. In addition, the field of social work and the populations these workers serve are constantly changing. Professionals must keep abreast of such developments in order to perform their jobs ethically and according to best practices. Ensuring regular and accessible in-service training and continuing professional development is essential to achieving an esteemed and professional SSW. Yet many workers in this field feel that their jobs are “dead-end” compared to more traditional cadres of health care workers, especially in situations where there is no clearly defined career path, little potential for promotion, and a lack of training beyond pre-service education (Davis, 2009). In South Africa, the regulatory social work council, the South African Council for Social Service Professions, requires in-service training for all social service workers to maintain their registered status, a stipulation that motivates workers to consistently refresh their knowledge base and increase their skill set. This mandate also encourages the proliferation of different trainings and professional development options throughout the country (USAID, 2010c). Without such mandated in-service training and continuing professional development in the majority of sub-Saharan African countries, many social service workers turn to NGOs for their training needs.

Such opportunities are infrequent, variable in quality, and often unrecognized for career advancement purposes (Chogugudza, 2009; Laird, 2008a).

Regional initiatives and distance learning programs have emerged as alternative options for social service workers to keep updated and trained in best practices. A well-recognized and respected provider of in-service training and professional development in Eastern and Southern Africa, the Regional Psychosocial Support Initiative (REPSSI) is a non-profit organization that works within government programs to support the psychosocial well-being of families, children, and youth (REPSSI, 2011). Its multi-country and collaborative approach to ensuring access to emotional and social support for vulnerable children and their families is built upon quality tools, technical advice, and training programs for service providers. Developed with partners from UNICEF and the University of KwaZulu-Natal based on best practices, its accredited, 18-month distance learning certificate in community-based work with children and youth is the first of its kind. With over 1,000 students currently enrolled, the course is greatly expanding opportunities for professionalization of the SSW through in-service training and professional development, as it is delivered in ten countries throughout the region (REPSSI, 2011).

### **Wages and compensation**

Salaries for social service workers in the region are often described as “marginalized and poor,” a reality that inhibits efforts to recruit and retain qualified workers, as well as take action to professionalize the workforce (Davis, 2009). Underpaid and overworked, these workers do not have the time or resources to volunteer on regulatory bodies or pay dues to professional associations that can advocate for their profession (Mwansa, 2010). In Tanzania, social workers at the lowest levels receive between 400,000 and 450,000 TZS (\$264 and \$300) per month as of 2010; those with higher education, like a diploma or degree, receive only twice that monthly salary (USAID, 2010d). Other compensation—such as extra wages for overtime, health insurance, or hazard allowances to incentivize workers to fill hardship posts—are rarely available to workers in these cadres. Faced with minimal pay, social service workers often leave the public sector for higher wages with a NGO or outside of their home country. Examples of this reaction to low wages and compensation are prevalent on the continent. For example, in Ghana, social service workers often earn their two-year certificate through the DSW and then quit their public sector position for work with a NGO while in Zimbabwe, there are reports of more social workers migrating to the United Kingdom to practice, or even preferring work in neighboring countries to avoid political and economic turmoil (Chogugudza, 2009; Laird, 2008a). Ensuring adequate wages and compensation for social service workers is one highly visible way to professionalize the SSW. Financial commitment and competitive pay to these workers not only underscores the value of their work but also recognizes the specialized training and unique skill set required for social service work, which cannot be done by recruiting volunteers or individuals from other fields.

## **Section III Summary**

To create a supportive environment for the development of the SSW in sub-Saharan Africa, there must be significant strengthening of regional and national policies, as well as formal professional associations and educational institutions. Though the circumstances of each country vary, there are certain milestones by which progress can be measured, appropriate to

the political and economic situation on the ground. Raising awareness of the role that these under-recognized cadres of social service workers play in health and social service delivery can be done by professional associations or taken on by ministries as they advocate for a greater percentage of the national budget to be devoted to the SSW. In these negotiations, it must be emphasized that traditional cadres of health workers alone cannot relieve the weight of health problems that disproportionately affect the continent. Legislation is needed to define and protect social service professionals, with national councils to enforce regulations on certification and licensing. Schools and other training institutions have already begun the critical process of examining their curricula and field education opportunities; more research will be required to truly transform social work theory and practice into a culturally relevant discipline throughout the continent. Active and transparent professional associations can further this cause and elevate social service professions in the eyes of the public; their advocacy can also achieve progress toward a clearly defined career path and adequate wages for these workers. Headway on these milestones is necessary not only to increase the number of social service workers through recruitment and retention but also to raise the status of these cadres to that of other professionals in the health sector.

## **SECTION IV: WHAT CAN BE DONE TO BETTER SUPPORT THE SOCIAL SERVICE WORKFORCE IN SUB-SAHARAN AFRICA**

Many reports conclude with a broad range of un-prioritized recommendations or innovative examples. While this approach can be useful, there is often so much to consider that such reports paralyze leaders and stakeholders, discouraging decision-making and action. To promote progress and avoid inaction, the following recommendations focus on four areas that can make a difference:

1. Obtaining additional evidence and data via robust and adaptable human resource information systems
2. Initiating and sustaining effective workforce coordination mechanisms
3. Developing and implementing supportive workforce strategies and policies
4. Enhancing or reforming pre-service education and in-service training

### **Obtain Additional Evidence and Data**

The current status of data and evidence on the SSW is problematic. Human resources information about the workforce is weak and often of questionable accuracy. With few exceptions, no working routine human resources data systems are in place; the workforce data that do exist are derived from studies or one-off mapping and assessment processes. To complicate matters further, there are no generally accepted titles or schemes of service that capture the great variety of workers and functions that exist in the sector. This reality makes identifying, counting, and classifying social service workers even more challenging. Without some level of reliable human resources data, it is difficult for in-country leaders or practitioners to promote evidence-based policy and program decisions to strengthen the SSW. Until such data are collected with a reasonable degree of accuracy and made available to policy- and

decision-makers and the broad range of stakeholders affecting the SSW, future plans to strengthen these cadres will be made largely on best guesses.

However, the good news is that there is a growing commitment to improving these data systems and conducting more studies to provide evidence about the current state of the workforce. As noted in Section II, there have been recent workforce mapping and assessment processes completed in Ghana, Kenya, Malawi, and Namibia. While these studies vary in their scope and methodology, they do provide data about staffing numbers, disaggregated for different kinds of positions and geographic distribution. Similar processes (or workforce gap analyses) are either planned or underway in Ethiopia, Nigeria, Tanzania, and Zambia. These workforce analyses represent a very good trend; however, countries where these studies have been done need to analyze and take the data seriously. A commitment to data use is essential to producing evidence-based strategies to strengthen the workforce and track progress against indicators drawn from the data. Countries that have not yet undertaken workforce gap analyses can now model their approaches on the experiences of countries that have completed these exercises. The methodology used, the practitioners who contributed, and the reports themselves are increasingly available for use and adaptation by countries that wish to begin the process, thus saving a good deal of time and money.

One other significant resource should be identified: UNICEF has funded larger system child protection mapping and assessment processes in a number of countries<sup>1</sup>. These mapping and assessment processes are broad in scope and are intended to provide both qualitative and statistical data about the country's CPS. They also contain a SSW component with data of potential value to leaders and practitioners. This component generates information on workforce numbers, often reports on job titles that are currently used, and provides information on the functions performed by different kinds of workers. Toolkits for mapping and assessment as well as the resulting country reports can be accessed via links in the Resource Guide or on the websites of Maestral and Child Frontiers (Interagency Working Group on Child Protection Systems in Sub-Saharan Africa, 2011).

While workforce gap analyses, larger mapping exercises, and assessment processes provide essential data and evidence about the workforce, these one-time studies can only offer information on the current situation. To measure trends and progress toward workforce strengthening goals over time, comprehensive studies are needed to produce a useful baseline. To calculate a baseline, countries must invest in a human resources information system (HRIS) that allows for the collection of routine data. Policy- and decision-makers and various stakeholders should have input into the kind of workforce data to be collected. Based on their input and country context, a practical system can be installed to collect this data, thereby creating a way to understand trends in the workforce and to measure the impact of workforce strengthening interventions.

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<sup>1</sup>Maestral has completed these processes in Angola, Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Somaliland, South Sudan, Uganda, Zambia and Zimbabwe. Child Frontiers has applied their process in Benin, Senegal, Sierra Leone, Ivory Coast, Niger, Ghana and Nigeria.

Fortunately, there has been much progress in developing both processes and tools to construct such a system for the health workforce. It could be easily adapted for the social service sector, as well as designed and installed at a relatively low cost. One such example has occurred in Tanzania wherein the iHRIS Suite, which was originally designed to track and manage more traditional health care cadres, was adapted to follow 3,000 PSWs (see Section II). This system enabled the government to monitor the availability and distribution of these trained community volunteers as they began their practice, pursued further education, and graduated into the formal health and social service sector as paid employees. Training human resources managers to use tools like iHRIS is a concrete way for governments to conduct SSW strengthening efforts in the most efficient and impactful manner (Settle, 2012).

## **Improve Stock, Distribution, and Performance**

Strengthening the systems that produce data—and making good use of the data and evidence that then becomes available—is a first step in improving stock, distribution, and performance. These data can then contribute to the following three intervention areas.

### **Initiate and sustain effective workforce coordination mechanisms**

It is clear that the SSW is very diverse and dispersed among a broad array of organizations and sectors. In most countries, a key ministry or department of social services plays a management role, yet is often weak and underfunded. It is usually responsible for just one slice of the workforce and its duties, such as coordinating grants for families caring for OVC while another department supports the transition of juvenile delinquents. Other workers involved in providing social services fall under sectors like health, education, and justice. In addition to government-employed workers, non-governmental, faith-based, and community-based organizations play a critical role in recruiting and managing elements of the SSW. Services are provided at different levels of quality, from the national level to the community level, and with many workers who are volunteers.

This situation would be immeasurably helped by a key, strong coordinating mechanism. Even though human resources data and systems are beginning to roll out across the continent, most countries recognize the issue of little information sharing or cooperation among the various organizations responsible for different elements of the SSW. Coordination among the key players could result in better distribution of workforce data (which is now available only in isolated pockets), enhanced workforce planning, and analyses that could clarify SSW strengths and remaining gaps. Most importantly, a strong coordinating mechanism could facilitate mutual realization of the problems key players all face, result in less duplication of services at different levels, and serve as a resource for workforce advocacy. Unfortunately, there are few to no documented examples of effective coordination with respect to the SSW.

However, it is possible to draw from two established mechanisms in the health sector that could be adapted or their principles used to aid SSW strengthening coordination efforts: country-coordinating mechanisms (CCMs) and HRH Observatories. CCMs are required by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and are intended to bring together government, civil society, and private stakeholders to apply for and manage GFATM grants. CCMs use transparent processes and are meant to reflect principles of national ownership and

participatory decision making. While CCMs carry out a rather specialized function (applying for and managing GFATM grants), many of the principles and structures might be applicable or adapted to a SSW coordinating committee. In addition, CCMs have been part of the architecture of GFATM grants since 2002, so there is much experience to draw on, including a study in 2007-8 that included 40 cases from 20 countries (The Global Fund, 2008). The IFSW functions similarly to a CCM at the international level, resulting in an energetic mechanism for multi-stakeholder participation and coordination, which could be mirrored by in-country coordinating bodies.

A second mechanism that could serve as a source of ideas or principles for coordinating the SSW is HRH Observatories. The African Health Workforce Observatory (AHWO) describes national observatories as a '....a resource for producing, sharing and utilizing health workforce information and evidence to support HRH policy implementation...involving a network of all resources and stakeholders in health workforce development in the country that monitors and documents implementation of HRH policy and strategies' (AHWO, 2012). Observatories typically involve a broad range of government agencies (ministries of health, education, finance), universities, FBOs, NGOs, and other CSOs. At their best, Observatories bring key stakeholders around the table to share data and evidence periodically, to discuss trends and interventions, to recommend new or altered policies, and to advocate for various workforce strengthening initiatives. There are currently Observatories in 20 countries in various stages of development. Country-level profiles—as well as tools, documents, and other useful information—are available on the AHWO website (AHWO, 2012). In terms of application in countries where there are active HRH Observatories, SSW leaders could easily reach out to HRH Observatory leaders to learn about current practices and principles that might be adapted. Where there is no observatory, a wealth of information is available from neighboring countries and online to inform the development of an appropriate national SSW coordinating mechanism (AHWO, 2012).

To support the creation of coordinating mechanisms for the SSW, there are other resources that can be used. In particular, a key stakeholder leadership guidance document provides a set of practical, clear, and user-friendly actions for leaders at the country level to successfully launch and sustain a CCM or an Observatory (CapacityPlus, 2011a). While aimed at the HRH sector, the guidance document's principles and practices are transferable to the SSW arena, as the evidence base for such guidance comes from a variety of sources and sectors. It is important to note that this document—as well as the CCM series of case studies—points to the importance of two factors in ensuring the success of a coordinating function: committed and effective high-level leadership and the presence of a small but functional secretariat.

### **Develop and implement supportive workforce strategies and policies**

As described in various parts of this review, the SSW in sub-Saharan Africa is insufficiently documented, in short supply, and often underfunded. Oversight of these cadres is fragmented among a variety of public sector and CSOs and social service workers are often viewed as low status or “unprofessional.” Better workforce data and increased coordination will help address some issues and contribute to producing better policies to professionalize and strengthen the workforce. Such policies should target workforce planning, development, and support in both the public sector and civil society.



Stakeholders could use emerging workforce data to identify the most pressing gaps and to determine which policy changes will make a positive difference. These policy changes will differ from country to country depending on the workforce and population's needs and context. As such changes are considered in different countries, it is encouraging to note that examples of policies and strategies included in previous sections can serve as innovations or models. South Africa has much to offer in this area, as it has implemented policies to focus on culturally appropriate, community-level interventions. South Africa has legislation that acknowledges and regulates two levels of workers (social workers and social auxiliary workers); other policies promote the professionalization of the workforce by identifying requirements for social work curricula, professional development, adherence to a code of ethics, and so on. Namibia has established a staff structure that ensures a social worker is placed in almost all councils and constituencies and is trying to respond to a need for more intermediate workers. Kenya and Tanzania have worked toward elevating the role of social workers through legislation concerning children's rights.

In terms of policy and strategy innovation to address severe workforce shortages in a timelier manner, there is a growing level of activity aimed at identifying competencies and preparing paraprofessionals to fulfill appropriate service delivery roles at the community level. Tanzania has been a leader in this regard as the country has trained, developed, and deployed over 4,000 PSWs to work in ward and village posts. Ethiopia and Nigeria also have paraprofessional programs underway, and there is a high level of interest within other countries to learn from these programs and adapt them for implementation elsewhere. While there are still issues surrounding paraprofessional programs—e.g., what is the "right" kind of training, how should the role be defined, how should paraprofessionals be supervised in an already weak social service system, and what kind of career path is either desirable or possible—the programs do offer promising avenue for getting services out to communities and villages in appropriate and more timely ways.

### **Enhance or reform pre-service education and in-service training**

As documented in this review, there is a pressing need to produce more of the "right kind" of social workers or levels of social service workers to play different roles within the SSW. This increased production effort needs to begin with a better linkage between actual education or training programs and the service delivery needs or worker competencies required for social service professionals to perform at their best. Supported by improvements in human resources data systems, there is great potential for educational and training institutions to connect data about the current workforce, human resources and training gaps to devising programs that meet these needs.

While there appear to be over 300 schools or departments of social work on the continent, they are not all working to capacity or producing sufficient graduates to serve their country's vulnerable populations. South Africa has the greatest number of schools of social work (more than 20) and expects to produce between 6,000 and 10,000 graduates over the next 10 years. It is one of the few countries in Africa with the data and ability to make such projections, yet even with a strong base of schools and an adequate data system, South Africa is still unable to train enough social workers to fully implement its national Children's Act. The country's educational

and training capacity may prove more inadequate as national policies change in response to future issues and population growth. On a smaller scale, the government of Malawi has undertaken development of a diploma course in social work, which is envisioned as an appropriate and accessible pre-service and in-service training opportunity for current government workers to upgrade their skills and for training future government ministries' and NGO staff.

Beyond the challenge of simply producing more graduates, curriculum reform is needed to ensure that graduates can perform well. There are two elements to this push for reform, as described in the previous section: indigenizing the curriculum and requiring field education as part of the social service curricula. Indigenizing the curriculum for social work education should take place in three main areas: education and training; research and materials; and practice and interventions. While pursuing large-scale reform presents a challenge for resource-limited institutions, there seems to be a good deal of commitment and headway among Southern and East African schools (Hochfeld et al., 2009). Sixty-eight percent of responding schools "...have incorporated social development into their curriculum, either as a foundation to their classes and materials or as a specialized course. Many schools (63%) were trying to produce their own educational materials, despite scarce resources; out of 25 schools, 23 had conducted a curriculum review in the last five years, displaying responsiveness to changing circumstances and training needs of students for work in the field." Thus, there seems to be a certain level of progress being made in curriculum reform throughout the region.

In addition, a concerted effort must remain on improving the field education component of social work curricula in order to bridge material learned in the classroom with the realities of work with families and communities. Unfortunately, there has been less advancement in this area compared to overall curriculum reform for the reasons cited previously (see text box, p. 22). The pathway to bettering field education is relatively clear, as there are models available to inform this process. A commitment must be made to raise the importance of field education, bolstered by the necessary investments to train field instructors, find suitable placements, and provide for adequate supervision.

## Section IV Summary

This section recommended four focus areas for interventions to strengthen and professionalize the SSW. Strengthening human resources information systems produces better data on a persistent basis. By creating strong coordination mechanisms, these data can be gathered in a more effective manner. Results can be shared and analyzed to foster evidence-informed planning to address workforce needs and gaps, as well as identify educational and training deficits. In turn, these analyses can form the basis for collaboratively developed and supported policies to ensure that plans to strengthen the workforce are realized.

## CONCLUSION

A strong and professional SSW is integral to ensuring the health of mothers, children, and youth in sub-Saharan Africa. Although governments in the region increasingly recognize the important role played by these workers in linking vulnerable populations to the health system and other support services, the number of available and qualified workers remains inadequate to fulfill



required duties. It is clear from this review that the under recognized status of social service workers has made a negative impact on their availability, opportunities for education, professional associations, and career paths. This reality compromises the SSW's ability to reach children and families, its overall performance, and most importantly, its commitment to upholding the dignity and worth of every individual. Traditional cadres of health workers alone cannot relieve the weight of health problems that disproportionately affect the continent's mothers and children. To make real progress on the critical maternal and child health issues of our time, the skills and expertise of social service workers who address these concerns must receive the recognition they deserve.

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## SOCIAL SERVICE WORKFORCE COMPARISON TABLE

Sub-Saharan Country Social Service Workforce Current Status Comparisons

Country	Total number of public sector social service workers	Ratio of social service worker to population	Distribution of workers, urban vs. rural areas
Cote d'Ivoire	<b>629 social service workers</b> in public sector <sup>i</sup> (vs. 1,438 according to MSW and MFGC)	1 social worker to 14,878 (total population) or 1 to 7,275 children <sup>ii</sup>	60% of workforce employed in south, primarily in capital region <sup>iii</sup> ; 1 social welfare worker to 13,000 (inhabitants of capital region) vs. 1:52,000 (rural regions) <sup>iv</sup>
Ghana	<b>750 social service workers</b> (all cadres) in public sector <sup>v</sup>	1 social service worker to 40,000 (total population) <sup>vi</sup>	Greatest number of social welfare officers in Volta region (2.57 per 100,000 regional population) compared to lowest in central and northern regions (e.g. BrongAhafo, 1.38 per 100,000, and Upper West, 1.56 per 100,000) <sup>vii</sup>
Kenya	<b>406 children's officers</b> employed by Department of Children's Services and <b>250 social welfare officers (II)</b> employed by the Prisons Service <sup>viii</sup>	1 social welfare officer to 210 youth <sup>ix</sup>	Largest proportion of children's officers employed in Nairobi county (99), with the second largest number working in Kiambu county, 15 km north of the capital (16) <sup>x</sup>
Lesotho	<b>44 social service workers</b> employed by the Ministry of Health and Social Welfare in 2009 <sup>xi</sup>	1 social worker to 100,000 (total population) <sup>xii</sup>	Majority of social workers employed in the capital city; half of service areas have no personnel <sup>xiii</sup>
Liberia	<b>100 social workers</b> in the public sector at the central level <sup>xiv</sup> ; The Ministry of Health and Social Welfare also has one Social Worker in each of 15 counties. The Ministry of Gender and Development has one Child Welfare Officer in each of 15 counties <sup>xv</sup>	1 social worker to 32,000 (total population) <sup>xvi</sup>	Two social workers per county in rural areas, versus 100 employed in country's capital and primary urban area, Monrovia <sup>xvii</sup>
Malawi	<b>128 social workers</b> on duty with the Ministry of Gender <sup>xviii</sup>	1 social work officer to 102,165 (total population) <sup>xix</sup>	Majority of social work officers (SWOs) work in the South and Central regions of the country; only 13% are distributed in the rural North <sup>xx</sup>
Niger	<b>90 social service workers</b> in public sector <sup>xxi</sup>	1 social service worker to 168,000 (total population) <sup>xxii</sup>	Of eight total regions in the country, the fewest social service workers are deployed in the two most populated and poorest regions <sup>xxiii</sup>
Senegal	<b>352 social service workers</b> in public sector <sup>xxiv</sup>	1 social worker to 35,600 (total population) <sup>xxv</sup>	Social services concentrated at the national (or central) level and in urban areas; only 25% posted to district level, resulting in 60 filled positions in Dakar/Thiers and 60 serving the rest of the country <sup>xxvi</sup>
Sierra Leone	<b>80 social service workers</b> in public sector <sup>xxvii</sup>	1 social service worker to 71,000 (total population) <sup>xxviii</sup>	More social development or social service workers in southern and western regions, near the capital, while few are located in poorer and more remote districts such as Koinadugu and Kailahun <sup>xxix</sup>

Country	Total number of public sector social service workers	Ratio of social service worker to population	Distribution of workers, urban vs. rural areas
South Africa	<b>13,000 registered social workers</b> in 2007, <b>only half of whom work in the public sector</b> <sup>xxx</sup>	1 social worker to 300-500 (clients and families) <sup>xxxi</sup>	Largest numbers of registered social workers employed in urban and developed provinces of Gauteng and Western Cape (50 and 35 social workers to 100,000 total population); in rural provinces with concentrated poverty, there are fewer social workers to total population (e.g., 12.7 social workers to 100,000 population in Limpopo)
Tanzania	<b>210 social service workers</b> in public sector <sup>xxxii</sup>	1 social welfare officer per district to 7,000-10,000 most vulnerable children, on average <sup>xxxiii</sup>	Only half of the districts have at least one social welfare officer; most social workers are based in urban areas <sup>xxxiv</sup>

<sup>i</sup> Child Frontiers Ltd. (2011). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper*. Hong Kong: Regional Reference Group for West and Central Africa.

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<sup>viii</sup> Lopez, L., Mutie, P., & Guyer, L. (2012). *Situational analysis of Kenya's social welfare workforce*. Washington, DC: USAID.

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<sup>xiii</sup> Kingdom of Lesotho, Ministry of Health and Social Welfare. (2004). *Human resources development and strategic plan: 2005-2025*. Silver Spring, MD: Medical Care Development International.



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